

1	Unified Rate Review v3.3																													
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3	Company Legal Name:		UnitedHealthcare Insurance C										State:		KY															
4	HIOS Issuer ID:		28773										Market:		Small Group															
5	Effective Date of Rate Change(s): 1/1/2017																													
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
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10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2015		to		12/31/2015																							
13			Experience Period		Aggregate Amount		PMPM		% of Prem																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$870,448		\$335.82		100.00%																							
15	Incurred Claims in Experience Period		\$528,757		204.00		60.75%																							
16	Allowed Claims:		\$682,279		263.23		78.38%																							
17	Index Rate of Experience Period				\$261.00																									
18	Experience Period Member Months		2,592																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
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23																														
24	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
25	Inpatient Hospital		Days		129.63		\$5,050.73		\$54.56		1.000		1.025		1.040		1.026		136.46		\$5,599.44		\$63.67		186.53		\$6,728.50		\$104.59	
26	Outpatient Hospital		Services		3,712.96		295.37		91.39		1.000		1.025		1.040		1.026		3,908.55		327.46		106.66		4861.29		457.04		185.15	
27	Professional		Services		4,430.56		195.10		72.03		1.000		1.025		1.040		1.026		4,663.94		216.30		84.07		6093.67		200.76		101.95	
28	Other Medical		Services		50.00		63.22		0.26		1.000		1.025		1.040		1.026		52.63		70.08		0.31		52.63		115.98		0.51	
29	Capitation		Benefit Period		12,000.00		13.43		13.43		1.000		1.025		1.040		1.000		12,000.00		14.89		14.89		12000.00		12.59		12.59	
30	Prescription Drug		Prescriptions		7,106.48		53.27		31.55		1.000		1.025		1.040		1.026		7,480.82		59.06		36.82		9957.53		86.74		71.97	
31	Total								\$263.23														\$306.41						\$476.76	
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33	Section III: Projected Experience:																													
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Product-Plan Data Collection

Company Legal Name: UnitedHealthcare Insurance Company  
HIOS Issuer ID: 28773  
Effective Date of Rate Change(s): 1/1/2017

State: KY  
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	KY001 Plans				KY005 Plans
Product ID:	28773KY001				28773KY005
Metat:	Not Applicable				Gold
AV Metal Value	0.000	0.806	0.783	0.786	
AV Pricing Value	0.000	1.055	0.010	2.106	
Plan Category	Terminated	Renewing	Terminated	Renewing	
Plan Type:	POS	POS	PPO	Indemnity	
Plan Name	Terminated Products	GL-9	GM-M	AC-TH	
Plan ID (Standard Component ID):	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001	
Exchange Plan?	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	0.00%				0.00%
Historical Rate Increase - Calendar Year - 1	0.00%				0.00%
Historical Rate Increase - Calendar Year 0	12.32%				0.00%
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	
Rate Change % (over prior filing)	0.00%	2.90%	0.00%	-1.40%	
Cum'vive Rate Change % (over 12 mos prior)	0.00%	7.50%	0.00%	3.00%	
Proy'd Per Rate Change % (over Exper. Period)	-100.00%	8.96%	-100.00%	0.00%	
Product Rate Increase %		7.50%		3.00%	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Inpatient	\$0.42	\$0.00	\$2.38	\$0.00	-\$2.39
Outpatient	\$0.75	\$0.00	\$4.21	\$0.00	-\$4.24
Professional	\$0.41	\$0.00	\$2.32	\$0.00	-\$2.33
Prescription Drug	\$0.29	\$0.00	\$1.64	\$0.00	-\$1.65
Other	\$0.00	\$0.00	\$0.01	\$0.00	-\$0.01
Capitation	\$0.05	\$0.00	\$0.29	\$0.00	-\$0.29
Administration	\$0.30	\$0.00	\$1.67	\$0.00	-\$1.68
Taxes & Fees	\$0.25	\$0.00	\$1.43	\$0.00	-\$1.44
Risk & Profit Charge	\$0.10	\$0.00	\$0.55	\$0.00	-\$0.56
Total Rate Increase	\$2.57	\$0.00	\$14.50	\$0.00	-\$14.58
Member Cost Share Increase	\$0.03	\$0.00	\$0.19	\$0.00	\$0.31

Average Current Rate PMPM	\$535.29	\$0.00	\$499.97	\$0.00	\$1,041.62
Projected Member Months	2,592	0	2,423	0	169

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$335.82	\$304.09	\$483.30	\$483.94	\$0.00
Member Months	2,592	2,133	459	0	0
Total Premium (TP)	\$870,448	\$648,615	\$221,833	\$0	\$0
EHB Percent of TP, [see instructions]	99.43%	100.00%	97.75%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.57%	0.00%	2.25%	0.00%	0.00%
Total Allowed Claims (TAC)	\$682,279	\$603,795	\$78,485	\$0	\$0
EHB Percent of TAC, [see instructions]	99.74%	100.00%	97.75%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.26%	0.00%	2.25%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$153,523	\$122,227	\$31,295	\$0	\$0
Portion of above payable by HHS; funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%		
Total Incurred claims, payable with issuer funds	\$528,757	\$481,567	\$47,189	\$0	\$0
Net Amt of Rein	\$1,679.94	\$0.00	\$1,679.94	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$204.00	\$225.77	\$102.81	\$0.00	\$0.00
Allowed Claims PMPM	\$263.23	\$283.07	\$170.99	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$262.55	\$283.07	\$167.15	\$0.00	\$0.00

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$560.76	\$0.00	\$526.58	\$0.00	\$1,050.86
Member Months	2,592	-	2,423	-	169
Total Premium (TP)	\$1,453,491	\$0	\$1,275,897	\$0	\$177,595
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%

Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,235,763	\$0	\$1,085,128	\$0	\$150,636
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$203,512	\$0	\$179,002	\$0	\$24,510
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,032,251	\$0	\$906,126	\$0	\$126,126
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$389	\$0	-\$363	\$0	-\$25